

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-876)

SERIAL NO. 097202464

FILING DATE 12-14-98

APPLICANT(S)

Page 1

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/				/	
2	/				/	
3		21				
4		12				
5		11				/
6		1				/
7		11				/
8		11				/
9		11				/
10		11				/
11						
12						
13						/
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33						/
34						/
35						/
36						/
37						/
38						/
39						/
40						/
41						/
42						/
43						/
44						/
45						/
46						/
47						/
48						/
49						/
50						/
TOTAL IND.	2				14	
TOTAL DEP.					32	
TOTAL CLAIMS	2				46	

	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		AFTER 3rd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
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58						
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95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

CLAIMS ONLY							SERIAL NO. 09/202.464	FILING DATE 12.1498
CLAIMS							APPLICANT(S)	
	ORIGINAL		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1						51	
2	1						52	
3	1						53	
4	1						54	
5	1						55	
6	1						56	
7	1						57	
8	1						58	
9	1						59	
10	1						60	
11	1						61	
12	1						62	
13	1						63	
14	1						64	
15	1						65	
16	1						66	
17	1						67	
18	1						68	
19	1						69	
20	1						70	
21	1						71	
22	1						72	
23	1						73	
24	1						74	
25	1						75	
26	1						76	
27	1						77	
28	1						78	
29	1						79	
30	1						80	
31	1						81	
32	1						82	
33	1						83	
34	1						84	
35	1						85	
36	1						86	
37	1						87	
38	1						88	
39	1						89	
40	1						90	
41	1						91	
42	1						92	
43	1						93	
44	1						94	
45	1						95	
46	1						96	
47	1						97	
48	1						98	
49	1						99	
50	1						100	
TOTAL IND.	3						TOTAL IND.	
TOTAL DEP.	16						TOTAL DEP.	
TOTAL CLAIMS	19						TOTAL CLAIMS	

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS